

CONTRIBUTIONS
TO THE
MEDICAL HISTORY AND TREATMENT
OF
SEXUAL DISEASES.

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PREFACE.

THE Notes that constitute the basis of Part I. were taken during an attendance at the great Parisian Hospitals, devoted to diseases of venereal origin, and were published as a Memoir in a local medical journal so far back as 1833.

That Memoir has not unfrequently been referred to as having, in some measure, anticipated much that has since become comparatively familiar to the profession. Many additions have been made in reprinting it in this more accessible form.

It is the belief of the author and his friends that it will not yet be read without interest.

In Part II. will be found an illustration of the mode in which Secondary Syphilis is detected and treated by professors of the so called cold-water cure, some observations thereon, and on the pretensions of Hydropathists in general.

It was hoped the patient's right wrist might have been saved; but, after these sheets were in the press, this was found to be impossible, and amputation of the fore-arm became necessary.

Part III. is a subject that can scarcely be said hitherto to constitute a portion of medical literature. Its nature prevents the possibility of going into detail; but it is hoped the general outline here given will help to explain certain symptoms otherwise difficult to be understood, and not be without its effect also in deterring from vices not more loathsome in their nature than ruinous in their consequences.

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OBSERVATIONS.

THE distinguishing feature of the hospitals of France, is the scale upon, and the liberality with which they are conducted. The nature of the people, too, allows of experiments being performed, which, however in their results harmless or beneficial (I never saw them injurious) to the individuals or the public, are not attempted, nor would perhaps be permitted, in this country. Of what advantage to science these are likely one day to prove, will be apparent from the following condensed notes of observations, made in the 'Hopital des Veneriens,' Paris,—all of which I have the express permission of M. Ricord to publish.

One of my earliest reflections was,—‘This is a very different school of medicine from any I ever entered before. New facts, about which there can be no doubt, as they are the results of observation and experiment at the

bedside, seem on many subjects to overturn all, or almost all our old opinions, common in this country; many of our facts now appear as if they had been taken down from memory, and coloured by imagination.'

There are certain public reception-days for men and women, both of whom are admitted, when proper cases, on merely presenting themselves. After admission, the patients are kept quiet, and on low diet; and this, in many instances, alone served to remove sores that had almost every venereal character, and that, anywhere else, would be treated as such. In every case (I do not recollect an exception,) of gonorrhœa, or of suspicious sore, inoculation is performed in three several places on the inside of each thigh. Should it fail, it is done again and again, and again, generally by puncture with the point of a lancet, sometimes by the bite of a leech. I have seen inoculation performed with the matter of gonorrhœa, balanite (discharge under the foreskin), chancre, bubo, sore throat, herpes, warts, vegetations, venereal-like sores on the hips, both in the male and female, and with all the variety of diseased secretions from the vagina and uterus.

Of the sores on the hips, I saw one very fine instance in an infant of two months; there were a great many deeply excavated sores on and around the hips, one on each internal ankle, and one having every chancrous character on the outer lip of the vagina. M. Ricord tried three or four times inoculation to ascertain whether these were primary or secondary sores. The mother had been ill with secondary symptoms, but was now quite well; and though

at first these might, from this circumstance, have been supposed secondary, yet they looked like primary, and from the bent up limbs of the little thing, its one ankle might have been inoculated from the vaginal lip, and the second ankle from the first, &c.—the sore on the vaginal lip, or the first of the sores, whichever it might be, might have been got from the mother in the process of birth. This was M. Ricord's own opinion; neither those on the hips, however, nor on the ankles, nor vaginal lip, produced anything by inoculation frequently repeated, consequently, though having the appearance of primary, they were *all* set down as the result of genuine constitutional affection.

Vegetations, or mucous pustules, are little mucous elevations existing in great numbers around the vaginal opening and anus, and less frequently on the prepuce. With these inoculation has been tried in every form, but without producing anything. They are generally the consequence of balanite in the male—gonorrhœa, excessive or irritating mucous discharge in the female, and want of the necessary cleanliness. Warts sometimes arise after these mucous pustules, but not in general, *unless caustic has been used.*

The secretion occasionally found on and about warts, has failed in producing anything by inoculation. Their treatment, whether in the male or female, is the scissors and the strong saturnine solution. This is, in general, quite effectual. Warts are generally produced by balanite, and sometimes follow gonorrhœa, when the parts have not been kept duly clean.

Many cases were seen where the warts were frightfully numerous. One I shall shortly relate :—A young man presented himself one morning with the point of the penis four times its natural size. The prepuce was distended and tense, like a drum top—tight and pursy towards the orifice of the urethra—and the whole penis inflamed, red, and glossy, two-thirds from the point backwards. The glans was not to be found—when any attempt was made to see the glans, a bunch of warts resembling raspberries presented themselves. He was kept on gum water, leeches put to the pubes (leeches are never put on the penis or testes, several cases of sloughing having been observed from this practice), poultices to the part, and at the end of four days or so, the redness, tensity, glossiness, and pain were gone. An attempt was then made to discover the interior parts, but retraction was found impossible. The glans could now be seen very small, so that, as M. Ricord said, there was no occasion to circumcise, as far as it was concerned. If the warts could only be got at one after another, the prepuce would evert with ordinary ease. A good many were removed, but there existed still so many, and some of them so large, that it was found necessary to slit up the prepuce, to get at them. Even when this was done, it took twenty minutes clipping to clear the entire surface of the prepuce, with the glans-penis, frenum, and orifice of the urethra, which were covered with them. Six months had elapsed since they first made their appearance. The subsequent treatment was simple. M. Ricord mentioned to me his having seen a worse case even than this in private practice.

Herpes on the glans and prepuce, and on the female parts, is extremely common. It seems to have every character of common venereal sore, but the hardened base. We never could produce anything by inoculation ; and M. Ricord is in the habit of calling those sores herpes, whenever he fails of producing their like by inoculation. On the mouth of the womb and upper end of vagina, I have seen a very great many of them. Rest and cleanliness is all that is required for their removal.

Sore throat produces nothing by inoculation, nor does any secondary symptom.

Bubo and chancre produce chancre, and have the character about the fourth day,—made by puncture on the healthy skin of the patient, they have the usual thickened everted edges, the cup-like shape, etc., and are considerably larger than usual. The patients do not complain of pain, and the inoculated sores produce seemingly little or no inconvenience. Instead of doing harm, and rendering the case more tedious, M. Ricord has found, and I have remarked it myself, that when inoculation has been performed, the original chancre heals much sooner than it otherwise would have done, judging by the average time that chancres usually take—the inoculated chancres closing up and disappearing altogether a day or two afterwards.

In one or two cases, I saw inoculation performed to settle another question. Is chancre merely an affection of the part or not? If it be merely an affection of the part, if we can heal it by local means, why should we use

constitutional? A patient having chancre was selected, and inoculation performed in three places on his thigh—on the second day afterwards, another inoculation was made in three other places—two days after this, in three others, and so on; the result of which was, that chancreous sores were to be seen on the same person in every stage of the pustular progress—commencing—forming—completion, and decay. And, again, one chancre was made to produce three—from these, three others were inoculated as soon as matter could be found—from these, again, other three, and so on, all on the same patient. In these, again, you could watch the pustular sore going through its stages seemingly independent of its fellow which had produced it, and not at all influenced by any state of the system induced by any of the previous sores. The inference from all this was, that chancre was merely a local sore, and that however long after connexion it may have appeared, it is more consonant with experiment and observation to say, the venereal matter has lain among the sebaceous follicles, and has been slow in producing its specific irritation, than that it has been wandering up and down the system, and at last fastened upon this unlucky part to produce a sore—the very place from which it set out.

When bubo exists, however, it alters the case. We know from experiment that the matter of bubo will produce chancre, consequently, absorption of the virus has taken place, or the specific irritation has been propagated along towards the gland, producing a secretion of a similarly poisonous description. When bubo has lasted

long, however, and does not heal, it seems in some instances to lose its specific properties, and will not produce chancre by inoculation—IT HAS PASSED INTO A SECONDARY SORE. Of this I have had some instances.

In connexion with his experiments on chancres, M. Ricord treats patients having original chancreous sores, at first, in the simplest manner. He tries to heal them without mercury, and if he succeed,—well. If secondary symptoms should afterwards occur, you have only to treat them. These were his own words, in reply to a question put by me, and when he saw me smile, he qualified his observation by saying, he succeeded in a great many cases, and he did not think secondary symptoms appeared so frequently among those individuals who had been treated without as among those who had been treated with mercury. Most surgeons will admit, that there is a great difference between treating patients in private practice, and patients in an hospital, especially such as become the subjects of sexual diseases. In an hospital they are entirely under the eye either of the surgeon or his assistants—even their meat and drink can be measured out to them—the very temperature of their apartment can be regulated with precision. It is needless to say how very different all this is in private practice. In the army and navy it is the same. In private life we cannot put one man on guard over another (it may be a troublesome, careless, or refractory patient), and see a good measure followed out even in spite of him. Our measures, therefore, must often bend in the mode of administration

to the circumstances of individuals. It is sometimes absolutely necessary that means be used in such a way as shall not materially interfere with the business occupations of patients,—to permit them to do so would be tantamount, in too many instances, to the ruin of the individual; hence are our obstacles in civil practice increased,—another element of difficulty being introduced with which army, navy, and hospital practice is unacquainted.

These observations of M. Ricord, therefore, are to be taken with great caution, as most of the arguments against the use of mercury are rather objections to its *abuse* than otherwise.

Indeed, notwithstanding this gentleman's expressed opinions, it is doubtful whether in this instance he believes them himself; for, in the course of some disputation with him one day, I suddenly put the question to him—How would he do in his own case? The reply was characteristic—‘ Ah! c'est une autre affaire ! ’

He uses the lunar caustic freely to every case of chancre, and, indeed, this and some simple ptisan, or gum-water, forms his treatment to out-patients till he is compelled to alter it. If, in the course of one or two weeks, the sores should show no evidence of cure with this simple means, he orders mercury in small quantity, and in the shape of protioduret—the only form he ever uses; and in old cases, the addition of the compound decoction of sarsa, with occasional warm bathing. He never allows the mouth to become sore if he can prevent it. In the estimation of M. Ricord, there is no preparation of mercury like

the protioduret; but on making inquiry, I found him unable to give me any other account of how he gave it the preference, than that he had found it by experience superior in its efficacy to every other preparation. He does not think the iodine gives it any *specific* superiority; it is merely a fine form for administering the mercury. It need hardly be pointed out that this is by no means a satisfactory answer, and that the reason given is an empirical one. He could have no experience of it when he began to administer it. With regard to there being no specific advantage in the administration of iodine it may be added, that this substance, in certain forms, is next to mercury itself, the best help we have in many of the most complicated forms of venereal disease. It is also an acknowledged opinion that, to many persons of delicate constitution, scrofulous, etc., who unfortunately contract those diseases, while mercury is almost inadmissible from its inapplicability to their peculiar circumstances, iodine, or iodine and mercury combined, may be administered. He mentioned to me one case which he had met in private practice, where the disease had returned five times, producing all manner of secondary symptoms. It had been treated successively by all the ordinary preparations of mercury, but still returned. The patient at length applied to M. Ricord, was treated by the protioduret and compound decoction, and cured—no return having taken place for a very long period.

Since the above was written, I have had many cases in which this form of medicine has been similarly successful.

The protioduret of mereury, though well known to most practitioners now, was, I believe, first publicly introduced to the profession in this part of the country by me. Shortly after the original publication of this paper, and at a time when the protioduret of mereury was not to be had in shops in and around Glasgow, I frequently made parcels of it for certain wholesale druggists to supply parties who wished to have it.

A pupil of mine, about to graduate, showed me his arms and part of his body covered with an eruption, which he said had been called venereal, and treated as such by the most eminent physicians and surgeons in Dublin. The eruption had been there for many months, and he was in ill temper about it, as he had been made worse, he said, by every subsequent recourse to mercurial treatment. After listening to his whole story, and carefully examining the case, he was advised to try the protioduret in small doses. Though an excellently educated man, he knew nothing of the protioduret, and agreed to try it, after some little persuasion and confession of his reluctance again to have to do with anything containing mereury. The first or second day the medicine acted most violently on his bowels, and no persuasion could get him to persevere even in diminished doses. I let him alone, and gave myself no further concern in the matter, but not until he had been told how far I thought him in the wrong.

About two months afterwards, he asked me one day to take another look at his skin, when to my surprise

the eruption seemed completely gone, not a vestige of it being in existence. On my anxiously inquiring how this had taken place, he told me that, impressed with what had been said to him, he had resolved to give it a trial without telling me anything about it—that adopting my diminished dose, it agreed with him well enough, producing such a discharge of urine that he had to rise from bed once or twice every evening,—the cure becoming complete. An admirable and instructive case, as this gentleman had not only been frequently before dosed with mercury, but confessed an impression against the medicine, thus obstructing its success, so far at least as the effects of the imagination are concerned.

BALANITE.—This is a secretion from that part of the prepuce in contact with the glans penis, and sometimes assisted by the mucous surface of the glans itself. It is often found in those who have got a very full and constricted foreskin, constituting natural phimosis, their inability to uncover the glans, prevents their observing the necessary cleanliness; and the natural secretion of the parts, when not removed, irritates, producing sub-inflammation, and by and by profuse discharge—so profuse, that I have seen many cases where the discharge appeared at the orifice, and you had some trouble to tell whether it were not gonorrhœa.

Balanite has been inoculated by M. Ricord often, but unsuccessfully. It is simple discharge, therefore, and cured by simple astringent means. The parts must be got at, and a strong saturnine solution applied. Vege-

tations and warty excrescences are a very frequent consequence of balanite. Before I left Glasgow for the continent, I had the pleasure of seeing a very fine instance of cauliflower-like vegetation, of a simple description, produced by this means, and forming a circle like a starched frill, entirely around the neck of the penis. The gentleman had a pretty profuse secretion from the prepuce, and the cauliflower-looking jugum penis was covered with a thick cheesy secretion, without any phymosis. I removed it at once with the knife, dressed it in the simplest manner, and it never returned.

Cancer of the penis is no unfrequent thing after balanite, warts, or vegetations, combined with phymosis, *especially if any caustic, or other irritating application, has been used.*

GONORRHŒA.—The experiments on this subject are, perhaps, the most interesting of any. No one, in this country, imagines mercury necessary, or even allowable here, since we are taught to consider gonorrhœa and chancre as two distinct diseases. Yet, it is well known, that *secondary symptoms* frequently follow gonorrhœa, symptoms every way the same as those that follow chancre. How is this? The experiments of M. Ricord make it all very simple. In many instances nothing follows inoculation. Simple running from the urethra will not produce anything by puncture in the thigh; but then, again, in a number of instances, three well formed chancres follow, every way the same as if they had been produced from chancre. This is no idle supposition of M. Ricord; I

have been frequently a witness to it myself, and affirm, that I have seen chancres follow inoculation from running from the urethra, or that which every British surgeon would have called gonorrhœa, and treated as such. What is the natural inference? That it is not simple gonorrhœa, but *combined with chancre in the urethra*, which now and then can be felt distinctly from without, with its defined circumference and hardened base, and which is the cause of the augmented secretion, in all probability, from the surface of the urethra. These are the cases, no doubt, in which secondary symptoms will follow.

In one instance, where chancres were produced by inoculation from gonorrhœa, M. Ricord distinctly told us there existed a chancre here, though we as yet had no other evidence of it but from inoculation. To our surprise, two days afterwards, a chancre appeared on the frenum. Query.—Was this produced by inoculation from the urethral discharge? or, was it the result of the original unclean connection which produced that in the urethra? If this last, why so long in appearing after the other? If the former, it is another instance of one chancreous sore running its course independent of that which produced it.

This fact—the existence of a venereal sore in the urethra, either existing with, or producing, or keeping up urethritis or urethral discharge, helps to explain, or rather explains at once the secondary symptoms occasionally following gonorrhœa, and the troublesome nature of many cases of this kind. It explains to me another circumstance connected with my own practice. For some years I had

remarked that the majority of those cases treated by me got well faster when the blue pill was employed as an alterative, combined with the other medicines, than when it was omitted. I make no doubt but it now and then was serviceable as a mercurial—and am the more inclined to say so from one instance where the patient was detected tricking. He used the pills, used nothing else, and got well. His case was an old one. Never in any instance was the patient suffered to feel the taste of the metal. When mercury is exhibited, the great effort of British surgeons is to let patients feel its taste—the great effort of the French is to prevent them. The doctrine taught in the schools in France at present is, that virulent gonorrhœa is that which has moderate symptoms; the simple, that which has severe. M. Ricord, however, whom I regard on this subject as a better authority even than Marjolin, thinks otherwise, but ingenuously confesses that he is not yet able to draw the line of distinction minute enough, to enable him to point out with sufficient accuracy, those that are syphilitic from those that are not, without experiment—a thing he calculates confidently upon doing one day.

The simple gonorrhœa, with severe symptoms.—These symptoms generally indicate acute inflammation of the mucous membrane lining the urethra, accompanied with more or less of the specific discharge. The violence of these symptoms, however, is such in the male, that those not accustomed to see the disease would hardly believe the description. The same amount of inflammation causes

much less distress in the other sex. This excess of pain in the male arises from several causes—the chief of which is the complex structure and function of the organ affected. Its capacity of erection is the real source of the violence.

This increase of size, dependent upon the action of certain muscles, and a larger amount of blood in the organ than at other times, distends at first a merely inflamed urethra. This distention increases the amount of inflammation, till by and bye the structure of the body of the penis itself is affected. In addition to other means, rest is an essential element in any measure for the relief of an inflamed organ; but here the first attack acts as an excitant to the neighbouring parts of the same organ that are not yet involved,—these irritate and further excite until at each erection the membrane seems as if torn across; and actual bleeding, probably from this cause, not unfrequently proceeds from the urethra.

High, free living before the attack comes on,—this continued, with sleeping in a down or feather bed, are excellent adjuvants for producing the amount of pain referred to.

The first time this disease affects the urethra, it is well known to be more severe than upon any subsequent occasion. One of the severest instances ever I saw, was in the person of a very young gentleman, a stranger, in a hotel; who, from the cause just referred to, and his previous free living, combined with a peculiar susceptibility, had active inflammation communicated to the body of the penis,

and, when I saw him, he had fainted, and was lying on his back on the carpet, the inflamed organ of an enormous size, and lying upon his abdomen. I had never then seen anything like it. He got quite well.

There are certain sores in woman situated pretty far up the vagina—sometimes actually upon the mouth of the womb, which will produce nothing by inoculation (I have seen it frequently tried and fail), and do not require mercury for their cure, yet, by contact, will produce gonorrhœa in man. Abrasion, ulceration (not syphilitic), at the mouth of the womb (very common in women who have had gonorrhœa, or even whites), menstrual discharge, or, in short, any source of irritation existing in woman, will, in very many instances, produce inflammation and discharge in man. Herpes existing in the urethra is now and then the source of the urethral discharge.

From this we may learn the extreme delicacy and caution necessary in giving an opinion regarding a discharge in either sex. If a slight breach of surface on the upper parts of the vagina, or mouth, or neck of the womb, be capable of inducing urethral discharge in man by contact, domestic peace between the most virtuous husband and wife in existence, may be endangered or destroyed by a want of attention to this, and an absence of proper prudence on the part of the medical adviser. That these breaches of surface will cause discharge in the male sex I most firmly believe, and perfectly recollect an eminent French surgeon telling me of an instance that occurred during my residence in France.

A young female was sent away from hospital so nearly well, that the slight breach of surface discoverable on the lip of the womb was presumed to be likely to be well in twenty-four hours. A young man complained subsequently; he had gone home with this person on the day she left the hospital, and the consequence to him was severe discharge,—on the young woman being sent for and examined, the sore was found larger, inflamed, and spreading, but still not deemed other than simple, and cured by simple means.

We sometimes see common catarrh of the bladder, which must by no means be confounded with gonorrhœa, or other venereal disease there. It is a simple mucous discharge flowing from the urethra, and comes sometimes in great quantity, chiefly after the bladder has been emptied of its ordinary contents. It is thick, ropy, and attended with little or no pain. In gonorrhœa, the urethra itself is the seat of the disease; here it is not the urethra, but the bladder. In gonorrhœa there is violent pain, and little or no purulent discharge during the passage of urine. In simple catarrh, besides the absence of pain, the discharge is most profuse after the urine has just passed. Now and then it is seen to accompany paralysis of the lower extremities, when the bladder and bowels are affected.

I lately saw a case of this latter kind where the discharge was in great profusion, and where, certain eminent members of the profession in Edinburgh had advised him just to let it alone. It was removed without

much difficulty, and with great access of comfort to the patient, by means of tepid injections thrown into the bladder, alternated with weak solutions of nitrate of silver.

M. Ricord begins, he says, to be of opinion that it is never true gonorrhœa but when there is chancre in the urethra. I pushed him then, that he must be prepared to say that the venereal disease was only of one kind at first, namely, 'chancrous,' and that that which was commonly called 'clap,' when there existed no chancre in the urethra, was merely mucous discharge or fluor albus in the male, and that no such discharge as venereal gonorrhœa existed. He admitted that such was now his opinion. He never believed those to have been true venereal gonorrhœa, but where secondary symptoms afterwards appeared. These symptoms are quite the same as those following chancre, and cured by the same means. We have no means as yet of making an accurate diagnosis but by inoculation—but since it can do the patients no harm, and may do them a great deal of good, there can be no reason why they should not submit to this very simple, and not in the least painful process, equally for the surgeon's assistance, the benefit of science, and their own safety (notwithstanding this, I have never yet in this country done such a thing, or even proposed it).

Mucous pustules, both in male and female (I have seen in the latter the whole entry to, and exterior of vagina and anus literally covered with them), are produced generally by gonorrhœa or 'chaud-pisse,' as they appropriately term it in France.

These are merely hard eminences, more or less large, generally the size of a split pea, frequently much larger, and seemingly run into one another—without suppuration, and are cured by nothing so well as a saturnine lotion. These mucous pustules are a species of secondary symptoms following clap. But of what kind? Was there not a chancre in the urethra? Ricord thinks it highly likely that there was. In this I entirely disagree with him. I have seen them since in a profusion of cases where there was no syphilitic sore, and where there could not have been any, indeed where the discharge was not, and for many reasons could not be a specific or venereal discharge. They undoubtedly occur after gonorrhœa, but I do not think the presence of chancre at all necessary to produce them. The perineum, and neighbourhood of the anus in females, is a very common locality to find these vegetations. When discharges exist, be they specific or otherwise, unless great care and cleanliness be observed, these parts can hardly escape. The other most common locality in females is the mons veneris, and outer edge of the vaginal entrance.

When vaginal discharges produce irritation around the anus, considerable pain is produced, and by and by sores even, by the distention of the sphincter ani, in the act of relieving the bowels. In addition to a weak and caustic wash, keeping the bowels *soft*, a greasy or absorbent external application, and cleanliness are essential. He is very partial to injections. Nothing cures simple gonorrhœa, in his estimation, like lead. He has tried the

acet. zinci, and every other form of injection, but gives the preference to the former. It never induces stricture.

I mentioned to him the objections generally urged to the use of injections in many cases—such as swelled testis from the sudden suppression of the discharge, &c., but he would not admit this. He has had multitudes of cases, has watched narrowly, and it is his opinion that fully as many bad symptoms follow when no injection has been used as when it has, so that it is no fair reasoning to attribute them to this cause.

In what follows on this subject, written several years ago, some things may seem to have the appearance of repetition, either in reference to what has gone before, or what is to follow. This, it is hoped, will be forgiven. Every medical man must have met with cases of gonorrhœa that gave him as much annoyance as any other thing in the course of his practice, and it must be admitted that a very great deal of uncertainty exists in the treatment of this very common complaint. One man treats it scientifically, by beginning to subdue inflammation either through general or local depletion, and after that has recourse to the class of remedies termed specific. Another, and often not the least successful of the two, begins at once with these, though this latter will oftener find cases which ultimately baffle him than the former. The best treatment of any, decidedly, is to begin by subduing inflammation, known by pain in urinating, frequent and painful erections, &c.; but it is often found that these patients have had the complaint before, or have come

into contact with those who have, or know cases where the other treatment was at once had recourse to with success. Imagining the medical man is trifling with them, or putting off time, they take French leave, and go to some less scrupulous person, who begins his stimulating balsams at once; and, though the patient is kept, in all, longer by this treatment perhaps than he would have been by the other, he prefers it because there is less annoyance externally, and he is perhaps saved the chances of discovery: thus the un-scientific receives the credit that is properly due to the scientific man. Were patients wise, however, they would submit to have the inflammatory action reduced before recourse is had to any of those medicines whose peculiar action is irritating. I have known patients continue to eat and drink pretty freely with an old gonorrhœa, without harm; but never knew one do so with impunity in the acute stage. In one case a gentleman drank very liberally of wine,—it passed off by the kidneys, and seemed to do no evil. It is, however, an unsafe experiment. In addition to French experience, I have, in the course of a very extensive circle of private practice, extending over nearly twenty years, had an opportunity of trying all methods;—have begun at once with the cubebs—and at almost every stage—but my experience is corroborative of that of too many of my friends for the reputation of this article. It seldom does good, give it at what stage you will. Sometimes it is followed by most distressing irritability of the parts,—perpetual inclination to pass urine, and violent painful erec-

tions. In theses latter cases pain will be felt upon gentle pressure about one-and-a-half or two inches from the orifice of the urethra. These symptoms will be found all best and quickest relieved by leeching to a pretty large extent,—a little swelling often follows the application of leeches to this part of the body, but it goes down of its own accord in a day or so, provided the part is not kept dependent. The oil of cubebs I have no faith in. I have tried the copaiba, too, in almost every stage, with and without previous preparation,—have found it answer at once in some, and disagree in toto in others. There is one remedy, however, I have had a very high opinion of for some years, and that is, the common preparation of *Ol. Terebinthinæ*, given in any way most convenient, in small doses three times a day. The great drawback on the use of this medicine is its abominable property of belching on the party for some hours after it is taken; and, of course, if a man swallow it three times a-day, it is a source of perpetual annoyance to him. To overcome this, one recommends cloves,—another nutmegs,—a third some other aromatic. I have tried all these, and with equal non-success. Brandy, rum, whisky, etc., in small doses; but it comes up after them all, and in spite of them all. It is with some a much used medicine in iritis, rheumatisms, affections of the uterinè system, gonorrhœa, etc., and would be taken much more easily by patients did we combine it with something that would prevent this very disagreeable effect. *Liquor potassæ* answers very well. The taste of *Ol. Ter.* is pungent, but not very disagreeable. If pushed, it pro-

duces great irritation about the neck of the bladder. I can praise it highly from experience in all old cases, and have found it greatly and quickly successful where almost everything else had been tried and failed. Sometimes it purges; it should then be combined with opium.

Injections are often disliked—the cases in my hands have generally got better without them. Some patients, however, think themselves neglected if they have them not, and I have not unfrequently, from this cause, been obliged to use them. I must speak highly of the solution of the argent. nitr. weak according to the necessity,—the risk, however, is, that it is used too strong. We have only to look to the effect of this solution on other mucous membranes—the eye, for instance—to expect similar benefit elsewhere, and to recollect that gonorrhœal matter will produce a severe form of conjunctival inflammation, and this be relieved by the caustic solution. The cupri sulphas, I have used, and seen others use, as an injection in gonorrhœa, but always with a bad effect. One or two instances have been rendered much worse by its employment, the discharge and pain much increased, and in the very last case in which it was used, it did, to say the least, no good.

This was a case all but well,—every symptom gone, except in the morning a very little appearance of matter, about the size of a pin's head, and through the day only enough to glue the lips of the urethra together. In this instance the cupri sulph. was used in solution, very weak, only for one day (used twice a-day), and discontinued to

see its effect. The next four days the discharge was greatly increased, and recourse had to the argent. nitr. with instant effect. These cases, though trifling, give to the parties great annoyance, because, when so near being free from disease, it frets them they should not be so altogether.

To the cupri sulphas, though in my opinion the worst thing that can be used as an injection in gonorrhœa, I give the preference in many instances, over every other as a local application in chancre. Strictures I never saw in my own practice, even in one single case, though I have had occasion to meet them often otherwise. One of the worst cases of stricture (spasmodic) I ever saw was in a medical man, who had early swallowed what he regarded as his own crack medicine. The effect was as unpleasant as the practice was unscientific. The discharge was instantly stopped, but, in addition to this, his power of passing urine was stopped also, and such distress induced as, till then, it never was my misfortune to witness. When first seen, twelve hours had passed and no passage; and if we consider that these medicines are generally diuretic, we may guess his agony. He was found in a hot bath, using all the ordinary means. I at once tried the catheter (silver), but found it firmly grasped on reaching the membranous part of the urethra. Instead of pushing the catheter in, or using any means to irritate the parts farther, it was allowed to rest a second or two, and, when the spasmodic action of the parts was thought to have gone off, it was gently, but with moderate speed pushed on, and was into the bladder by

the time the instrument was firmly grasped anew by the irritable urethra, fairly outwitting the spasm. Several members of the profession were present, and did me the justice to admit the manner in which the operation had been performed; on the part of the patient the thanks were excessive. The urine flowed freely,—the relief was instantaneous,—the poor gentleman had been vowing to cut himself open the moment before. The catheter was left in for six hours or so, but had frequently to be re-introduced, and it was eight days ere the parts were restored to their natural condition,—that is to say, their condition before the discharge was stopped.

I have generally found, whatever treatment was adopted in gonorrhœa, the blue pill every night or oftener a very great improvement,—not pushed till the mouth was sore,—and have met some patients who were so very well aware of this, that they would not go without it.

I have been fortunate enough to see a good many cases of phymosis induced by a previous gonorrhœa, but cautious discrimination should be made between those cases where the discharge is from the glans penis, and preputium (balanite), and the gonorrhœal discharge from the urethra. This is an extremely hard matter in some instances. The prepuce, at its point, is thickened and chapped, and giving vent to ichorous matter. It is next to impossible to gain correct information; for even the patient himself, with the most honest, urgent desire to inform you, cannot correctly tell. It is quite possible both may exist. In the former, it is difficult to ascer-

tain whether an abrasion, or even a chancre, may not be present. On slitting up the prepuce, I have found both in different subjects. The general opinion now among surgeons is, that, considering the risk they run of cancer penis, patients with congenital phymosis, ought always to submit to have the necessary operation performed. Without this, it is impossible they can keep the parts sufficiently clean. Attempts, I am aware, are not unfrequently made both by practitioners and patients, to inject for this purpose between the glans and foreskin; but you have only to look at the thickened, inflamed, and contracted preputium to see at once the impossibility of this being efficient.

I have operated on one or two gentlemen with much phymosis, who, till the operation was done, never had seen their glans penis.

I have known one or two young men who, reasoning foolishly or falsely, that as gonorrhœa was a local complaint, and cured by an internal medicine, it might be cured by applying that medicine to the part at once, by injecting it down the urethra, and without allowing it to exert its specific influence through the system. I never knew an instance where it was of service, though I can recollect several rendered worse by it. The use of copaiba by the rectum may be conceived to be more scientific, though perhaps not very convenient. In the one case it acts merely as a local stimulant; in the other, it may be absorbed into the system, and might be supposed to permit the patient to escape the nausea consequent upon taking it by the mouth in tolerable doses.

During the last six months of 1826, M. Valpeau tried the Bals. cop. by injection; in this way, in gonorrhœa, under the direction of M. Roux, in the 'Hopital de la Faculté,' five out of eight cases were successful generally in three or four days,—the dose was two drams, increasing. I have tried this practice, and seen it succeed, though now and then the sickness induced was very distressing. This circumstance—its uncertainty—and the disagreeable necessity of repeating for some days, such an unpleasant operation will operate as a bar to the general use of the balsam in this way, in this country. In an hospital, where I was dresser many years ago, I recollect to have seen this substance pushed to see how much the stomach could bear. One stout young fellow from the Hebrides, stood as much as a dram twice a-day, almost without nausea. A great difference, however, exists in the capability of certain stomachs to bear these oily resinous preparations. From all I have seen, and my range of observation has, in this department, been rather extensive, it is my opinion that small doses are preferable to large. It is quite possible that the specific effect of this substance may be carried too far, and its benefit lost from this cause, in the same way as I have seen the argent. nitr. as an injection not at all successful, simply because it was used too powerful, and produced much more effect on the mucous membrane than was requisite. Since writing the above, there has occurred another instance of fine success, in rather a troublesome case, from employing a *very weak* solution of the caustic.

Perhaps the most distressing case I ever saw was in a person who presumed he knew enough of medicine to prescribe for himself, and who swallowed cubebs, copaiba, etc., etc., in large doses. First, the discharge became much increased,—then suddenly stopped altogether,—swelled testicle and severe chordee immediately followed. These being subdued, the running returned. He recommenced his medicines; and, for some months, there was a continued succession of running, swelled testicle, and chordee, and when last seen he had been four months ill. I left him without attempting even to prescribe for him; had I done so he would have changed it for something else the next day.

Perhaps I should not leave this subject without advert-
ing to the fact, that I have known two or three instances where, in obstinate *old* gonorrhœa, every sort of treatment being tried, the patient having abstained from wine and spirits for a considerable period, in disregard or despair has got himself drunk—deep drunk—and, where the aches of next morning were forgot in finding himself minus the hateful accompaniment he has had for perhaps the last five or six months. This is practice, however, ‘more honoured in the breach than the observance,’ and entirely indefensible, either in a medical or moral point of view.

THE SPECULUM.—M. Ricord can boast of being the first who taught the use of the speculum in the venereal disease of the female, and diseases, generally speaking, of the vagina and womb, as well as the first who has ap-

plied it to diseases combined with, and the diagnosis of, pregnancy. When females present themselves either for advice as out-patients or admission to the hospital, they undergo a minute examination with the speculum vaginæ. If they refuse, (which is very rare, I only saw it once among some hundreds) they are turned away without opinion or assistance of any kind.

During the time they are in hospital they submit to public examination with the speculum once or twice a week. The whole ward, some forty or fifty patients, are brought up to a separate apartment, and here I had, week after week, an excellent opportunity of witnessing the healthy and diseased appearances of the mouth of the womb, and the whole interior of the vagina, and of practising the introduction of the speculum ; and strange as it may seem, among the many hundreds submitted to this species of minute examination, either out-patients or in, fully two-thirds of the entire number had some affection of the womb, mouth of the womb, or upper portion of the vagina—none of which could with any certainty have been *known to exist*, had not this instrument been used. This may give us some idea of its value, and how indispensable the speculum vaginæ is to a proper diagnosis of the diseases of the female organs of generation.

M. Ricord has assured me (and as being the first, if not the only person who uses the speculum, certainly the person who uses it on the most extensive scale, both in public and private practice, his experience on this subject is perhaps more valuable than on any other) that,

with hardly an exception, every woman who has gonorrhœa or whites, will be found, on examination with the speculum, to have abrasion, ulceration, herpes, or some other affection of the neck of the womb, or superior part of the vagina—generally the former—and that though the gonorrhœa or whites may be removed, this disease found so far beyond the reach of the unassisted eye, and though it be unable to produce any sore by inoculation, yet possesses the property of producing discharge in man by connexion.

Whenever M. Ricord discovers by the speculum any sore, whether on the vagina or mouth of the womb, he inoculates, and decides by the result on the appropriate treatment. I have, in several instances, seen chancres on the extremest upper part of the vagina, and five or six on the mouth of the womb. I have seen again others that would have been pronounced chancres, but as we could produce nothing by inoculation, we refused to believe it, and they healed up without any treatment, other than simple cleanliness.

CATARRHUS UTERI.—I have again and again *seen* catarrh of the womb, *the ropy discharge flowing from its orifice*. How could it have been known with certainty that this disease existed but for the assistance of the speculum? It would have been confounded with whites, gonorrhœa, or some such affection of the vagina or urethra. The favourite treatment here is an injection of TR. Iodinæ three scruples, with four ounces distilled water; a small sized gum catheter open at its extremity

is fixed on the point of a syringe—the syringe being first filled. The point of the catheter is easily inserted into the womb, while the speculum is in the vagina; a little tepid water is thrown in after the injection. The syringe M. Ricord uses is a very elegantly contrived double one—cylinder within cylinder—and contains at once the medicated and simple fluids, so that both are thrown in without removing the catheter. The woman feels nothing. As the disease improves, the discharge gets more transparent, first its quality betters, then its quantity diminishes, finally it disappears altogether. M. Ricord does not think this injection possesses any property besides astringency—unless it prove slightly anti-scrofulous in scrofulous cases—though this is giving us no very clear idea of its value. Hypertrophy of the os uteri I have occasionally seen. Ricord calls it a species of apoplexy of the part.

HERPES.—In *Herpes* of the vagina, which is an elevated sore with ragged edges resembling chancre, but which will produce nothing by inoculation, very little treatment is required besides rest, low-living, and cleanliness. But in abrasion, or ulceration of the neck of the womb, which is so extremely common, the best treatment is the red oxide of mercury dissolved in nitric acid. The speculum being kept in the vagina, some caddis is tied on the end of a little stick, and the mouth of the womb touched with this dipped in the solution. A plug of caddis moistened with water is then run up to the mouth of the womb, and allowed to remain for a day or two; the

speculum, of course, being immediately withdrawn. On inserting the speculum again the plug is easily removed through it by means of a pair of long dressing forceps. The woman does not feel the application of the solution. When it is merely abrasion, and has not gone very far, dry calomel and a dry plug is used. Sometimes the mouth of the womb could be seen unusually red and inflamed, and sometimes the vagina at its superior part inflamed, and, of course, either very scantily or not at all supplied with secretion. In this latter case it was troublesome, and a little painful, to introduce the speculum. The want of secretion had to be made up artificially.

Fluor albus, or whites, can be beautifully seen by the speculum. You can see when it purely proceeds from the walls of the vagina, and when neither the urethra nor womb have anything to do with it. You can see very frequently, too, that the latter is affected, and assists in producing discharge. M. Ricord not only uses the speculum vaginæ in diseases combined with pregnancy, but to discover pregnancy itself. He told me at first he was afraid, and used it with extreme caution, but he persevered, and as he has used it in multitudes of cases without harm, he is persuaded no harm can arise from it, unless it be very improperly introduced. I have myself frequently seen it employed, and employed it, in pregnancy—and have, during pregnancy, seen venereal sores far up the vagina, which, without its assistance, must have remained undiscovered. It must not be supposed that the pain of these sores would have indicated their presence ;

we see every day chancres without pain, and even if pain had existed, how are we to get at the parts to see what produces this pain, unless by the speculum? I have had the good fortune to witness a few instances of pregnancy about the third month by the speculum. The appearances were a turgidity, roundness, and *blue colour* of the mouth of the womb. This blue colour, M. Ricord informed me, *is invariably the case during pregnancy*, and he can often tell when a woman is pregnant by the turgid appearance, even of the *external* parts of generation. It, he imagines, depends upon engorgement of the vessels, and slight opposition to the circulation in the part. Notwithstanding the pretended rigidity and excellent police regulations regarding the public women of France—notwithstanding the ‘Billet de Santé’ which they must procure from the police medical inspector, the venereal disease seems to be equally prevalent in France, as in this, or, perhaps, any other country, and it is not to be wondered at. I know that the speculum vaginæ is not used in the examinations of these women,* and yet they will be turned loose, and a certificate of health given them when they may have, and in a multitude of instances must have, herpes of the vagina, or abrasion, or ulceration of the neck of the womb, or catarrh of the womb, all of which will produce gonorrhœa. They may even have unhealed chancres on the vagina or mouth of the womb; yet not one of these can be known to exist, or even

* Said to be otherwise now.

suspected, without the speculum. This is the answer to the oft-repeated question, How comes it, that while these women are under such strict police and surgical surveillance, the disease is no way diminished? If the above account of matters be correct, how can these diseases be expected to diminish? M. Ricord is of opinion, and any one who has watched his operations for some time must be convinced, that were the public women of Paris in his hands, he would in time alter the nature of the disease—certainly very much diminish it. I find in my notes, Thursday, 4th April,—Saw a woman this morning with six or seven chancres on the mouth of the womb, and four far up on the right wall of the vagina. Query,—Had the speculum not been used, how could we ever have known of their existence? To decide whether they were really chancres or not, M. Ricord inoculated.

In gonorrhœa, that is, urethritis, in the female, it is not necessary to use the speculum, unless for the purpose of discovering something else in the vagina. The discharge can be seen easily enough by pressing the lips of the urethra, as in the male. The finger should be pushed farther in the vagina, and brought forward, gently compressing the urethra against the os pubis. The speculum, however, ought to be used in every case of serious disease of the female parts, no matter what its nature. The surgeon who does not use it can know little about the matter, and the patient who refuses to allow him, stands in the way of her own interest. Gonorrhœa, says M. Ricord, of the urethra, vagina, or womb even, may

exist together, or any two of them ; but generally when the vagina is affected the urethra is also ; though we often see urethral without vaginal disease.

I recollect seeing a surgeon to a lock hospital in this country examining a case of common gonorrhœa in the female. He wrapped a towel round his hand, and gently and fearfully pressed aside the external parts. He was evidently out of his proper place ; nature never intended him for a practising surgeon. What a difference to the mode in which such an examination would have been conducted elsewhere ! Not only would it have been a better examination, as far as the surgeon was concerned, but those standing by, the students, would have had some chance of being benefitted ; and I have no doubt that the patient herself would have preferred the minute French examination. These patients, unfortunate though their position be, are acute enough to know the difference between a surgeon so finical that he is afraid to soil his fingers, or so careless that he will not take the trouble of a minute examination,—and him who is neither so fine as to be afraid of the one, nor so foolish as to omit the other.

So little had those about this gentleman learned from him, that I was invited to this hospital by his clinical clerk for the express purpose of teaching him how to examine a common case of gonorrhœa in the female !

The speculum vaginæ, which M. Ricord uses, has a short split handle and two blades, which open by pressing the handle together. There is a screw attached to the handle of his own private one, which keeps the blades distended

at any point he may wish. Though at first, to one unaccustomed to its use, it is rather difficult of insertion, and though for a few trials some trifling difficulty is experienced in getting the mouth of the womb presented to it, a very few suffice to render all easy, and I can safely say I never saw more pain produced by its gentle insertion, than may be borne by any delicate female without complaining. Among the out-patients, if the first who was examined were a fool, or very timid, and cried out more from fear than feeling, we were sure to find it infectious. It spread like wildfire over the 'Salle de reception,' and we had nothing but noise for the remainder of the morning; but if, by good luck, the first one or two had more courage and said nothing, we would not have the least disturbance—none of the rest ever thought of complaining. For the first one or two of the female out-patients to cry out, was enough to drive into a paroxysm of anger and disgust, the otherwise good-humoured and gentlemanly Ricord.

To this gentleman is due this public expression of my thanks, for having done me the honour and the personal kindness to permit me to practise the introduction of the speculum among his numerous patients, some of them pregnant, and under his own immediate superintendence; and I feel confident, from this personal experience of its petty difficulties, that these are easily overcome, and that it may be cautiously and dexterously introduced without proving at all painful to the patient.

Certainly no public hospital should be without it, and in private practice we every day meet with cases of chronic

disease in the vagina or womb, combined with discharge, which wear away the strength, and ultimately destroy the patient. In these instances the use of the speculum would soon discover to us the true cause, and means might be adopted and applied by its assistance to the very spot, at once changing the character of the complaint, and giving relief to the poor sufferer.

One of the instruments of Rieord is in my possession; but, although the cases wherein it would be serviceable are numerous enough, it is, in consequence of the peculiar feelings of females in this country, used much more seldom than it deserves to be.

A few years ago, a young man returned to Glasgow from a short residence on the continent, and published a book wherein he announced himself as the 'Apostle of the Speculum!' For this pompous folly he got himself laughed at. It is perhaps scarce worth mentioning, that the above observations on the speculum vaginæ preceded him by seven years, and were published at the time in the very same city where he made this announcement.

6th April.—Saw an old woman this morning, with trembling and partial paralysis, who attributes it to having taken a teaspoonful of copaiba for three successive mornings. M. Rieord mentioned his having seen similar cases. She was treated by blisters along the spine, and the acetate of morphia, and was nearly well a week or two afterwards.

All vegetations, whether around the penis, vulva, or anus, M. Rieord snips off with the scissors, and treats in

the simplest manner, never using mercury till he has tried whether he cannot do without it. Soothing and dieting are his panacea. He uses the nitrate of silver freely to chancres, without fearing the consequences. I have frequently done this in Glasgow and London, but when the slough came away, the sore was too often just as before, unless other means were used at the same time.

For stricture in the urethra, the caustic bougie is used—three or four days intervening between the applications—and then the simple: praised the former highly. Iodine is a great favourite here, either as a local or general remedy. There are a very great number of bubos in the venereal hospital; most of them existed before they entered. Whenever French surgeons find matter, they make an opening, but not exactly in the manner we do; grasping the tumor, to make it tense, they plunge a pointed Bistoury into it *from above, directly down*, and withdraw it, without cutting out as we are accustomed to do. The opening is very small. Both Dupuytren and Ricord I have seen do this frequently, the probe being required to dilate the orifice. Ours undoubtedly is the better method. This was told to Ricord, and an opportunity was not long of turning up to prove it. A woman had a deep-seated scrofulous abscess on the back of the hand. Ricord thought he felt matter, and, on my agreeing with him, made his usual opening, but nothing followed. The gentlemen all stared. I suggested that perhaps he had not gone deep enough; he took the hint, and matter followed in small quantity. Two days thereafter the hand was as bad as

ever, or worse, and the probe used, giving her a very great deal of unnecessary pain. I told him how we would deal with such a case on this side of the channel ; he was polite enough to adopt the suggestion—made a deep and a free opening, and the poor patient's hand did well from that hour. Ricord mentioned he had written a Thesis and a Memoir to the Academy of Medicine, on orchite, or hardened, painful, and swelled testicle after the cessation of discharge, and had recommended coition as a cure. This was much laughed at, but he said in engorgements of the liver or other organ, you give a purgative, and it is relieved by promoting the secretion. Why not in this organ? He tried it, and after one single coitus the hardness and engorgement vanished !

8th April.—Remarked one of the women of the town in the Hopital des Veneriens reading ‘Anne of Gierstien!’ An incident occurred one day after my visit to the hospital, which I may be excused for putting down here.

Visited the Museums of Anatomy and Natural History containing the splendid collections of Cuvier—full to repletion—whole whales even in skeleton. The finest thing imaginable—Yet, on entering, overheard a couple of Englishmen, cockneys no doubt, and middle-aged, as follows:—They first walked up a very few yards with two ladies, and then, turning to go, one exclaimed, ‘Oh! there is nothing here worth seeing!’ ‘No, no,’ says the other, ‘merely a parcel of bones!’

Yet, by those who know their value, so highly are the precious contents of these museums prized, that some

specimens of meteoric iron, and not these only, are covered with magnificent glass cases, standing on tables of exquisite marble, and resting on cushions of white satin!

There are a good many cases in this hospital where we have it proved, contrary of course to the usual opinion, that, for the infection of syphilitic matter to take place, a mucous or abraded surface is not necessary. There are to be seen in this hospital the most enormous and severe chancres, both in man and woman, from mere contact of sound skin with a venereal primary sore. I observed, one morning, a case of seeming chancre and bubo; any other than Ricord would have set this down, from the existence of the bubo in connection with the chancre, as a genuine case of venereal disease. The apparent chancre, however, was healing, and the bubo was tried by inoculation. No sore was the result of inoculation; hence M. Ricord persisted in using no mercury, and was of opinion that it was mere suppuration in the cellular tissue around the gland, and not of the gland itself. Both healed up.

Two cases connected with venereal affection, one apparent cancer of the tongue, the other, caries of the jaw, both were cured by removing from each a tooth that was keeping up irritation.

A case of paraphymosis, with infiltration, presented itself one morning as an out-patient. Ricord made two or three punctures with a lancet in the infiltrated prepuce, moistened a folded thick cloth in cold water, wrapped it round the glans, and compressed it firmly for a

minute or two—a person securing the patient,—after this cooling and squeezing, the glans was so small that, by pushing it back firmly with the finger, the foreskin was brought forward, and all was right in a minute or two. When the skin constituting the prepuce or foreskin is drawn back so as to expose the glans penis, and cannot be returned, this is called paraphimosis. When the inflammation runs high there is great pain, and an attempt at strangulation, as if a ligature were tied round the neck of the glans penis. In some cases much fluid is thrown out beneath the skin, constituting a kind of local dropsy—the part is more or less tense and shining. It is found frequently accompanying severe cases of gonorrhœa.

I have also frequently found it induced in young boys by mischief or carelessness. The foreskin is drawn back, constricts the penis, interrupts the circulation, induces high action in the point of the penis, increasing its size so as to render it tense, turgid, and painful; by-and-by effusion comes on, so that no effort on the part of the lad or his friends can return it. The directions given are applicable to both cases.

The other disease, phimosis, is just the reverse of the above. In phimosis, the foreskin or prepuce is full or long, and, becoming constricted at its point, cannot be drawn back so as to expose the glans—a very great inconvenience for the purposes of cleanliness, or for surgical examination when this becomes necessary. A considerable number of men are made, naturally, with diminished prepuce, the glans penis being, in some mea-

sure, constantly exposed. These men cannot have this disease of paraphymosis; nor can they, strictly speaking, be said to be liable to the other. The full foreskin, completely covering the glans, is, however, liable to both. In fact, if a man having moderate phymosis were to have the prepuce drawn back so as to uncover the glans, unless it were immediately returned, it would constitute paraphymosis. The man with the moderate natural prepuce, scarcely in ordinary circumstances covering the glans, is certainly the most fortunately formed. He is generally free from profuse secretion,—can easily observe strict cleanliness, and is free from some chances of disease to which the other formation is more certainly exposed.

As has been already alluded to under the head Balanite, much secretion accompanies the full constricted foreskin when it has been irritated by slight inflammation, or the want of cleanliness, in this last case so difficult to observe. The secretion of the part, when not removed, often causes much mischief,—becomes acrid,—induces further discharge,—mucous vegetations, and even warts. These last have been already alluded to, they may exist in any condition of the parts, but become chiefly distressing when combined with phymosis, and the very attempt to see them, if care be not taken, often ends in a most violent attack of paraphymosis. The prepuce being drawn back to uncover the warts and glans, cannot be returned, producing strangulation, violent pain, swelling, inflammation, effusion, and ultimately even sloughing or mortification.

Ten years ago a practitioner, who had been my fellow-pupil, asked me to see a patient of his who had warts with paraphymosis. He was a young man, and had gone that morning to a public hospital where, he said, the dressers or others had forcibly drawn back the foreskin, and, after many fruitless efforts, had sent him away without being able to return it. The repeated handling of the parts in their trials to return the prepuce had done much mischief. The whole neck of the glans, and lower part of foreskin, was covered with warts, from the size of a pea to that of an ordinary nut,—their number could not be much under fifty. The glans itself was swollen, turgid, and painful; the prepuce thickened, and containing fluid. The young man suffered great pain, and tossed about in bed, unable to remain in one position long enough to permit the necessary examination. There was no doubt at all about what should be done. Several of the warts were not without difficulty removed,—the necessary compression made,—the parts restored to their natural position, and retained there.

This was a very troublesome case—not less so from the character of the patient, who, I am afraid, had left the hospital in the morning with the paraphymosis unreduced, and had not waited to be turned out.

I had an opportunity, one morning, of assisting at the operation of circumcision, and though I have often seen this operation before, and have a few times performed it myself in my own practice, yet must confess that M. Ricord's excelled in dexterity and neatness. He pulled

the foreskin as far forward over the point of the glans as it would come, made a line with ink over the corona glandis, took a pair of sharp small scissors and clipped away at once all that projected beyond the glans, then clipped right up to this line, and then all round the penis, and the whole affair was over in a very few minutes ;—simple dressing. The case, in three weeks, was nearly well, and the patient had no vestige of phymosis. This operation not unfrequently is unsuccessful, and when chancre exists, the whole surface of the incision sometimes becomes a foul unhealthy sore. Now and then all that is required is to slit up the foreskin. Unless great care be observed during the healing process to prevent contraction, the necessity for operation will afterwards be as great as before. I have before now been obliged to repeat the operation after it had been performed by surgeons of considerable eminence. In a good many instances patients have been alarmed after this simple operation, that the organ would be deformed,—the cut open skin hung loose, and seemed at first very forbidding. They sometimes regretted they had not got the greater operation of circumcision performed instead. But their fears diminished in a few days as the parts healed up. Gradual absorption of the loose integuments took place, and the deformity, if any, was so trifling as not to be observable. In some of those cases, after the glans was freed by this simple measure, the profuse secretion disappeared,—there was no difficulty in observing the most perfect cleanliness, and obtaining subsequent complete health of the part.

A girl, aged 19, presented herself for admission, with an enormous foul sloughing syphilitic sore on the left side of the vulva, so large that it occupied the place of the entire left lip, which was gone; another existed on the inner side of the right thigh, about four inches from the groin, and which appeared about ten days after the former, and though on the sound skin, evidently produced by inoculation: the last sore was circular, deep, cup-shaped, hard, and ragged in its edges, somewhat dark in its colour, possessing, as did the other on the lip, every characteristic of genuine syphilitic sore. She denied having had connection, and declared she was a virgin. On examination, this was found to be true, as far as the possession of an entire hymen constitutes one, though we had here and elsewhere very good evidence to the contrary. A married woman, aged 35, married five years, had chancres and gonorrhœa, and admitted having had connection with many men besides her husband, yet her hymen was perfectly entire. The venerable Professor Jeffrey used to show a preparation to his class of an entire hymen taken from a woman who had been a common bawd for thirty years. The sores in this young woman had existed six months, were angry-looking, and spreading. Rest; low diet; amounting almost to starvation, and cleanliness, soon altered their appearance,—their angry look left, the sloughing process was arrested, and M. Ricord inoculated from both sores in different parts of the limbs: to his and our astonishment, no inflammation or sore was produced. She now confessed

that though no man ever really had connection with her, one had attempted it, and had been in contact with her person. This was enough ; inoculation was tried again and again by lancet and the leech bite, as far, I think, as ten different times, three punctures or bites to each sore, making sixty efforts, without the least success. During all this while the two great sores looked clean and healthy, but retained all their venereal appearance, and had not shown the least inclination to heal. This case was a poser to M. Ricord, and formed the subject of frequent and long conversations between us. At last, satisfied that he could gain nothing more by experiment, he desisted, and assured me he regarded this as a very extraordinary specimen of true syphilitic disease, as no less than a primary sore having passed into a secondary without the constitutional affection !

This large sore on the vulva had evidently once possessed the properties of a primary chancre, from its producing that in the thigh ; *now*, neither that in the thigh nor that in the labium would produce anything, even under circumstances more favourable to its production, and, retaining their venereal characters, these sores had gone from the primary into the secondary, without the usual constitutional affection. He immediately had recourse to the protioduret, which he would not have done had he thought there was the least likelihood of curing the disease otherwise.

M. Ricord mentioned to me the following curious case which had occurred in his private practice :—A young

gentleman had a balanite which was cured by fomentations of sugar-of-lead and dry lint. Three months thereafter he applied to him with secondary symptoms. Before, we had secondary symptoms mentioned as following gonorrhœa; now, more strange still, they follow balanite. He had sores in the throat, a great ulcerated spot on the brow, his mouth swelled, part of the inside of the cheek ulcerated, and the parts below laid bare; his tongue one great ulcer, from the root to the tip, and the saliva flowing from his mouth, with the true coppery smell and taste, *and yet he had not taken one particle of mercury.* M. Ricord, though accustomed to all manner of impositions, assured me *he believed this person*, and that he had given mercury to him since, for the cure of this very complaint. It is not unusual to find salivation produced from other causes than mercury, but it certainly is unusual to find the peculiar smell and taste in those instances. Some vestiges of hardness were found about the foreskin, and M. Ricord was of opinion that the venereal matter had lain among the sebaceous follicles, and had been prevented producing chancre by the balanite.

When bubos are found in women after blenorragia, Ricord has remarked, that, in general, the menses have disappeared, and seems to imagine that it has some connection with this. When bubos are old, sinous, and refuse to heal, an injection of TR. of Iodine in water (one dram to the ounce) is a favourite remedy, and when they seem lazy in skinning, a covering of dry calomel. This last is a very favourite application.

One or two days before I left Paris, M. Ricord gave a lecture for an hour-and-a-half, at the bedside of one patient, and related some interesting facts from his private and public cases. He is accustomed to inoculate his patients in private practice in the very same manner as those in the hospital, and never finds the least difficulty.

He insisted upon three species of blenorrhagia or mucous discharges,—the simple, venereal, and chancreous or syphilitic. The first produced by drinking French beer, or by herpes existing in the canal, it will not infect—at least he is not aware that it will. The second by venereal contact, and will produce a similar discharge. The third, by inoculation, produces chancre, and hence he supposes a chancre to exist in the urethra. He has known a man with running, from herpes in the urethra, continue with his wife and produce no affection in her. He adds another species which he calls ‘blenorrhagia sec,’ which we seemed inclined to be merry about, but which he describes to be severe inflammation, existing either in the male urethra or female parts, without discharge; there is chordee, pain in urinating, tumefaction and redness, but nothing more. He has seen it in the female, in the mouth of the womb and whole course of the vagina, and is not disposed to quarrel about a word, though it is evidently a disease with every symptom present of blenorrhagia but the discharge; hence he can see no harm in calling it ‘blenorrhagia sec.’

Another form of disease by no means rare in the hospitals of France, and even among ourselves, is a species

of Lasear sore. It, properly speaking, is not an open sore, but a thick button-looking scab on the glans or prepuce—generally the latter. It is hard, with a rather deep and defined base,—slow in its progress, and entailing the worst class of secondary symptoms.

A man came to me with one of these sores,—after a week or two, I complained of the irregularity of his visits, and more than suspected inattention to my orders otherwise,—it occurred to me, considering the class of person I had to deal with, that the best thing I could do, would be to dissect this hard and deep-seated sore out,—which was done accordingly. There was no difficulty whatever afterwards in effecting a cure.

The next case that occurred of this description, was in a gentleman, a stranger, who resided in one of the hotels, and had paid me the compliment to come from Manchester to Glasgow on purpose to place himself under my charge.

I told him what had been done in the former case, and how much time it had saved us. Time to him was of the utmost importance, and he offered to submit to any proposal I chose to name. It was removed the same evening,—every thing went on well, and rapidly, as before. This mode of managing local syphilis is an unusual proceeding; but, in the peculiar class of cases referred to, and in which I have tried it, the disease was removed in at least one-half of the time that is necessarily required by the ordinary practice.

The little operation is easily and rapidly done, is accompanied with but a moderate amount of pain, con-

verts the diseased parts into a simple incised sore,—by their removal, preventing absorption of the virus, and diminishing, if not altogether destroying, the chances of secondary symptoms;—the affair generally terminates very satisfactorily for the patient.

A very ingenious gentleman, son of an eminent London physician, whom I met in Paris, used to contend with me that syphilitic diseases might arise spontaneously like many others, that is, arise without being produced in the usual way by inoculation from another infected person. A most convenient and comfortable doctrine this, and chiefly likely to be useful to a certain class of persons. Of course I demurred to this, desiring him to point out any authenticated case, and instanced the well-known fact, that this disease cannot be communicated to the brute, as was proved by the experiments of John Hunter on asses and mares,—venereal matter having been placed in incisions made in the vaginæ, particularly of the former animals, without producing any result. At length it was referred to Ricord, who gave it in favour of my opinion, viz., that it was impossible.

Spent part of my time at these hospitals with an American M.D., from Maryland, then on a professional tour, who, amid much of the offensive boasting so often observed in American character, honestly confessed that he was under no necessity to attend closely to medical matters, as he expected to be amply repaid on his return by the excess of reputation a visit to the old world gave to a physician of the new.

In the French hospitals it is a very common thing to find a bed occupied by a patient having venereal disease, occupying a position where it could only be presumed to be in consequence of a crime, one of the highest known to our laws, and one of the few to which is still attached the punishment of death. I have often seen gonorrhœal discharge in the male running from the rectum, the urethra being perfectly clear of it. Sometimes both diseases at once are seen to exist in this quarter, and it is not confined to either sex. If you ask, there is no hesitation in the answer, which, at first, somewhat surprises a native of this country, unacquainted with the degrading and unnatural crime itself, and fortunately unaccustomed to witness its disgusting consequences. In France, I believe, there is no law on the subject.

The surgeon-in-chief of the largest venereal hospital in France, took me aside one day, and pointed out a case which he said even surprised him, accustomed as he was to these things. There is a woman, said he, who has lived seven years with her husband,—she is covered with foul syphilitic sores on the hips and anus,—vagina and parts there free from disease,—the hymen is uninjured,—this, the absence of disease there, and her own confession, tell us that this married pair have never used natural intercourse at all. Well might this gentleman express his astonishment.

At the time that M. Ricord was conducting these experiments, destined to have such an important bearing on the subject of sexual diseases, another zealous la-

bourer in the cause of science was in this country quietly bringing his time, means, and talents to bear on the same subject. Shortly after the publication of my original memoir, in 1833, the late Professor Wallace, of Dublin, surprised me one morning by a visit in Glasgow, and presenting me with a goodly sized volume, the first result of his labours on venereal diseases, introduced himself as its author. Dr Wallace was pleased to say, that, as far as published opinions enabled him to judge, he and I were the only persons in Great Britain or Ireland who entertained similar opinions on these matters at that time; and, therefore, begged I would carefully peruse his book, and insert a review of it in the same quarter where my memoir had appeared. Through the kindness of the editors, this I was afterwards enabled to do; but, without inserting here extracts from the book itself, comments on its peculiar opinions could hardly be understood. A dissertation, under the name of a review, such as those in the great quarterlies, may, in some instances, stand reprinting,—a mere honest review hardly ever.

It only remains to add my regrets at the difficulty of studying venereal affections in this country. It is possible only to the very few. To be seen so as to be studied as they ought to be, by the mass of the profession, it must be done in the Incomparable Hospitals of the Continent.

SYPHILIS

AND THE

COLD-WATER-CURE.

I WAS requested to see a young person, said to have been for a long time labouring under rheumatism.

On calling at about two P.M., I found a very young-looking man, just risen from bed, and his limbs and joints swathed in many folds of wadding and flannel. Right wrist inflamed and much swollen; parts all around thickened and painful, even to gentle fingering; knees and ankles also much affected; the latter very bad indeed, swollen and shapeless. He tried to walk, to show me what he could do. It consisted of a most sorry attempt, leaning his whole weight on a relative, and slowly trying to lift a foot from the ground without bending the ankle, this accompanied with considerable pain. Over the left ankle, and towards the front of the joint there are two swollen bursæ, containing fluid, and as large as good sized walnuts. On both limbs, from his ankle to the knee, and higher on the back part of the thigh, even as far up as the hips, there is a profusion of copper-coloured blotches; here and there a characteristic scaly patch, and on

the dorsal and sacral regions, a great number, but in different stages. Throat unaffected. On cross-questioning him, it was admitted that the scales fell off, and were *reproduced*, etc. Subsequently I was assured that on changing his linen, the scales *were shaken out* in great profusion.

The account given by himself and his friends was, that having had small-pox some six months ago, *the pocks had never fairly healed up!*—that he must have returned too soon to his occupation, for he shortly after got this ‘rheumatism,’ for which he had been under a certain publicly professed *water-doctor*, for some months, but returned worse than ever. Before he went away, his feet, ankles, knees, and wrist were a very little painful; under the cold-water applications every symptom became increased, till ultimately he could not walk at all, and was glad to get home, under the fear that by and by he would not be able. After reaching home he was urged by letter to persevere in the cold-water applications,—he would soon be well. Fortunately for him, his faith did not hold out against so many evidences to the contrary.

He underwent, for the cure of this supposed rheumatism, the usual local and general water treatment, including the repeated use of the wet sheet, and the other peculiarities of the school of Graafenberg.

Imagine the astonishment and indignation of all concerned, on my intimating to them that it was a case of secondary syphilis, of exceedingly easy detection, but complicated by the grossest mismanagement!

On putting the question to the young man, he ad-

mitted having had primary disease nine or ten months before, and, with some reluctance, confessed that '*a non-medical friend* had healed it!' using no mercury.

Hydropathists pretend to cure lues by cold water, and call mercury and all other medicines *poisons*. On inducing profuse perspiration, they say, pointing to the strong odour that is present in all or in most instances of profuse perspiration, 'There is the mercury coming out of the system!'

In this case they had no mercury to deal with, but a simple untreated case of syphilis, and instead of the syphilis being driven out of the system, it was permitted to become worse, if they did not actually make it worse, superadding to evils great enough already, other evils, which seriously complicated the case, and entirely for months disabled the patient, and which were, undoubtedly, to be laid to the account of the water cure.

The person who thus practises with cold-water, moreover, professes to be a member of a Metropolitan College of Surgeons, and yet seems not to have known the nature of this very evident and very gross case, when he saw it. At any rate, it will be admitted, either that he knew the disease or that he did not. If the latter, how is he to escape the charge of incompetence? If the former, how a greater still more serious charge? For, will it be said, that he knew these symptoms to be lues, and yet persisted in measures he could not help knowing were unlikely to cure the patient, and which he could not help seeing were adding to his evils? There is but the horn of either dilemma.

The disease was, of course, called and believed to be 'rheumatism,' else the patient would neither have been sent to the cold-water establishment, nor allowed to remain there, had the discovery been made sooner. He had severe pains during the night, depriving him of sleep, and was, when I saw him, merely getting himself rubbed, and the severely affected parts kept warm, in despair of any medical treatment doing him good.

I put him at once under the action of some of those substances which are familiar to the profession, and in judicious hands so invaluable, but which the water people, with characteristic recklessness, call 'poisons,' forgetting that their arguments, if arguments they can be called, are reasons against, not the use, but the abuse, of remedies. As well might they bid us decline the help of a candle or gas, because light will blind us—or to warm ourselves, because the fire can burn us.

In rather more than a week I saw the patient again. His system was slightly under the influence of the medicine ordered, and every pressing symptom relieved. He no longer complained of pain, and had not an atom of anodyne medicine. One of his ankles had nearly resumed its old size, and he came out of bed to show me how well he could walk! He still leaned upon a relative, but the difference of *weight* was very great, and he bent his ankles in walking. The blotches were of course, as yet, only a little affected. I found him, and those about him, full of gratitude, and from despair, filled at once with encouragement and hope.

A few weeks after I first saw this patient, nearly every symptom of the original disease had disappeared, the immense number of blotches even had recovered nearly the natural shade of the skin, scales gone, and no longer formed, etc. etc. By simple pressure we got quit of the swollen bursæ; but the right wrist gave us great concern. Matter twice formed, and at present all our efforts are directed to save the joint. It is doubtful if it can be saved.

The above is one out of many characteristic illustrations of the diagnosis and treatment of the water-cure people. One charge against them is not that they are loud in praise of cold-water—although its judicious application is hardly to be looked for at their hands—but that, while they cry out in favour of its being sufficient for every evil under the sun, all other remedial means are bad, say they. Witness the nonsense published by a certain Captain on this subject. This gentleman was, till very recently, their great authority. Now I believe they are getting somewhat ashamed of him—not without reason. In his lectures he boasted, in my hearing, of his disinterestedness—that he had no end to serve but public good—genuine benevolence was his sole reason, etc. etc. Yet in the London Times for July, 1844, are frequent insertions of an advertisement of ‘a new work on Hydropathy, by Captain C——, with a view and prospectus of his most splendid establishment!’ etc., etc.

So much for the disinterested Captain, who had no private end to serve—an additional instance of the facility with which loud professions and a plausible story can

impose upon the masses. But, alas! this is small consolation to those who have lost their friends.

At one time I sat down seriously to read this man's book, but became so disgusted, that to persevere was impossible. Page after page of his book, so lauded, contain long paragraphs, detailing as hydropathic discoveries, now given to the world for the first time, facts and reasonings with which I (and the same may be said of the profession in general) have been so long familiar, that it is to me unknown when I began to know them. Such puerilities can only pass current among the ignorant or superficial.

Another charge is that of wrong diagnosis. Diagnosis is the art of distinguishing diseases. This is regarded as one of the most difficult departments of the profession, and will be admitted as difficult, or otherwise, exactly in proportion to the knowledge, ignorance, or presumption of the individual. During a cold-water lecture delivered in Glasgow, I, with a couple of my professional brethren, heard certain symptoms described, and names of the most formidable diseases given to them, with a recklessness and flippancy altogether inconceivable, only to be matched by the audacity of treating, as simple and easily understood, diseases requiring the most careful consideration. The diseases, in our estimation, were not those they were asserted to be, judging by the account given of the symptoms, and our opinion on such a matter, was worth a little more than that of the lecturer. Names of acute and dangerous diseases being applied, the case is unblushingly trumpeted as a cure of such a disease; when

by those more skilful, more modest, or perhaps more honest, this disease would never have been named as in existence.

That their treatment, as well as diagnosis of disease, is at fault, the present case is evidence. Even supposing it to be rheumatism, a very extraordinary supposition indeed, there was no progress made in its removal, but the reverse. In reality, however, we have here a complication of symptoms constituting a case of secondary syphilis—only one of those symptoms being pains—yet this single symptom is fastened upon—from it the disease named rheumatism, and treated accordingly. It is quite plain that this is ‘gambling with one’s health,’—drawing out a disease and a remedy at random, the latter applicable to the disease or not as it may happen. Those who are in favour of hydropathy, as it is called, are fond of illustrating the opposition or indifference of the profession by quoting, that the circulation of the blood, and vaccination, were opposed by the great mass of medical men of the day,—and they would have us infer that hydropathy is deserving of like attention, and to be ranked with those immortal discoveries! Since the days of the first Charles, the opposition in the former instance, although much exaggerated, has been the consolation of every blockhead, whose erudities would not, or could not, be listened to; and, to this hour, is regularly dwelt on by every empiric or dreamer, be he mesmerist or cold-waterist, whose pretences are threatened with neglect or exposure.

Anything that lays claim to universality in its remedial

operation may be set down as empirical. This universality, however, seems to be very alluring, for there is hardly an empiric but starts with it. The hydropathists have not been behind hand here. Their favourite hobby, from its pretensions to simplicity and universality in action, appears, no doubt, very captivating to a great many, and especially so to the vast class of persons utterly ignorant of the sciences that constitute the art of medicine. Knowledge is power, and there is no royal road thereto. The way is laborious, and difficult of access. This hydropathy seems to many that royal road,—a sudden spring to what, to them, appears so much a mystery, and attended with so much difficulty. Very recently a gentleman, bit with its plausibility, told me that had he fever he would order himself to have the wet sheet, etc. He was asked if ever he saw a case of fever? He had not. Was he aware that, in many instances, confusion, wandering, or delirium, were among the early symptoms? No; he did not know this either. Was it likely, then, I further asked, that, in such circumstances, with his head early affected, he would be able to think accurately about his own case, and to give proper directions even supposing him more capable than, from his answers, he evidently was? Thus it is that confidence, ignorance, and false reasoning are associated in persons otherwise not only naturally intelligent, but respectably educated; and, when such is the case, are we to wonder at others running with the stream, who have so much more excuse in consequence of wanting these advantages?

‘Hydropathic institutions’ have been called ‘dens of covetous and rapacious gamblers, where the wretched invalid resorts to throw the dice for health and life.’* These are the words of Liebig, the celebrated chemist of Giessen, a man whose name is in every mouth,—the greatest that has ever appeared in his department—who may be said literally to have created the science of organic chemistry, one of the most profound and original thinkers of his day, and who has already done more for science as applied to agriculture, to vegetable, and to animal physiology than any that ever went before him. Germany is the native country of Liebig, and it is also the native country of this hydropathy. Liebig speaks not, therefore, in ignorance,—about and around him these cold-water institutions abound,—and who so likely to know them as those living in their immediate vicinity?

Medical men, though aware of more of its evil effects than is imagined, have hitherto taken little or no part in openly opposing hydropathy, the good-natured, charitably-judging public giving them little credit for being disinterested. Will they take the testimony and opinion of such an illustrious man as Liebig, so every way above suspicion, and so well qualified to judge? or, will they, as is most likely for a time, prefer their own crude notions, not altogether free from danger, on a subject like this, in which faith is too often excessive in proportion to the incompetency of the believer?

* *Lancet*, June, 1844, p. 436.

SPERMATORRHŒA

AND ITS CONSEQUENCES.

A GENTLEMAN, aged 22, came to consult me about an uneasy weakness he felt in the waist, haunches, and thighs; he was light made, fair, and had an intelligent look. His appearance instantly made me suspect him of practising one of those secret vices so destructive to the young and inexperienced. I asked if he ever had any venereal affection, and was confidently and boldly answered—never. On suddenly asking if he had been addicted to the habit referred to, he hesitated at first, and almost made me think I had been misunderstood, but on repeating the question, and waiting for an answer, he hung down his head, burst into tears, and made a full confession. His general health was good, admitted it might have been much worse, but that having been originally blessed with an admirable constitution, he had not suffered in this respect from the consequences of his habits so much as might have been expected.

Had secretly indulged in this vice for a long time, but only knew of its evil consequences a year or two ago. Since then had tried to bear up against it—made many resolutions and many attempts, but had as often broken through them. Admitted never having had intercourse with the other sex. Was restless at night, and troubled with seminal emissions—so nervous often as to be unable to sleep—and frequently during the day is so highly nervous and weak as to be all but unfitted for the very light duties of his situation. Is clerk in a merchant's office.

These are the cases that almost invariably fall into the hand of the vilest class of empyries. Medical men, it is to be lamented, give but too little attention to them. Strange to say, this disease is not even named in some medical and surgical books that profess to include most subjects. The ordinary words that indicate it are not to be found in the dictionaries of Hooper or Cooper. This shows the little attention paid to these matters in a medical point of view. Under the word *Tabes*, there is some most meagre information, scarcely repaying the trouble of turning it up. John Hunter, if I recollect aright, mentions *Onanism*, but merely to say that he does not think it did much harm. Are we to trace to this negative permission of the great Hunter the apparent disregard of this subject by the profession? It is unfortunate that the class of persons, the subjects of those affections, have many reasons of their own for avoiding regular practitioners, and thereby become an easy prey to unprincipled and unblushing im-

posters, as ignorant, generally, of that which they pretend to cure, as they are heartless and regardless of consequences to the health of their victims.

With a single exception or so, I do not recollect to have been consulted by any patient labouring under this disease, or its effects, who had been at all accustomed to associate sexually with women. The reason is obvious. Indeed the generality of them cannot look a woman in the face—some are quite overcome with nervousness on attempting to do so—others have that peculiar kind of irritable excitement about the sexual organs which these habits induce. I have been accustomed to remark that this disease is most common in what are generally supposed the better class of persons, *i. e.* better as regards their external propriety of conduct. A young man is wild and reckless, *he* indulges *openly* in vice—sexual intercourse. If merely wild, and not reckless, requiring to attend to external appearances, his indulgences are probably of the same description, with the exception of the ‘*openly*.’ If taught to consider these practices to be sinful, and he has to conduct himself as one that believes them to be so, then, too often, is the secret vice, self-pollution, substituted. At first occasionally, but, by and by, the parts become habituated, and demand a repetition, till, when he becomes aware of the gross impropriety and danger of the practice, he finds it the most difficult habit to be broken up that can be conceived, and not the less difficult that its indulgence is obtained easily, in secret, and without the salutary fear of detection and exposure.

The remedy that most naturally occurs to any one, is marriage—virtuous intercourse. There are, unfortunately, but too many reasons to render this difficult of attainment. First, in the present complicated relations of society the circumstances and position of the individual often render marriage out of the question; again, the presence of a woman produces such an amount of excitability in the sexual organs, that consummation, the object in this instance, could not be attained, practical impotence having been induced. Again, who is to court a virtuous woman for such a person as this? not himself—he can seldom look one in the face—far less wait on her with all those little attentions that, in other instances, are a source of such pleasure both in the rendering and accepting; and, if any friend to whom the circumstances are known should provide a virtuous person, the transaction is not of the most honourable kind, it is an imposition upon one of the parties, so far at least as the intimate union of the sexes is concerned—it being ten to one that impotence has already been the result—and that no actual intercourse ever can be accomplished.

A clergyman consulted me, not long ago, about the case of a member of his congregation who had been addicted to this vice for a long period. Domestic circumstances had interfered to prevent, in early youth, his intended marriage, at a time when such a step would undoubtedly have saved him. The practice, it would appear, however, had been continued in ignorance of its evil consequences, moral and physical. The result was, that

it began somewhat to affect his understanding and his outward conduct, and led him to certain indecent meddlings with very young females. This led to his being called in question by the religious body to which he belonged; and then it would appear that, for the first time, he became aware of the immorality, to say nothing of the indecency, of his conduct.

This man was described to me as externally a most respectable person—*of profound religious sentiments*—and yet, strange to say, he did not see evil in those practices till called to answer for their consequences! Man is a strange compound, and often more to be pitied than censured. However unlikely it may seem, I am yet inclined to believe the description of this man's religious feelings to be strictly true, and that he is by no means to be set down as the hypocrite his conduct at first sight would tempt one to believe him to be. He looked upon the irregular connexion of the sexes with horror; and will casuists who read these pages decide which is the greater sin—this, or self-pollution? There must be confusion in a man's moral sentiments who thus thinks and acts. If he were to decide that they are both bad, I could agree with and understand him. But, that the one is harmless, I confess myself unable to comprehend. Some year or two ago, this man had contrived to get married to a most respectable and virtuous woman. She lived the greater part of two years with him, and in what condition may easily be conceived, when it is added, that though constant in his attempts, he never yet, during her

life, could perform coitûs. At length the poor woman, worn out with mental anxiety and distress, sunk under disease induced in her sexual parts, which, on her death-bed, she attributed to the constant fret and irritation produced by the incessant and unsuccessful efforts of her impotent husband. She seemed a most prudent person, no one during her sufferings knew anything of the real cause; and, for a considerable period, it was not even suspected by her medical attendant. After her death the infatuated man returned to his debasing practices, and now has induced lassitude, nervousness, tremblings, and rigors to an excessive extent, and occasionally conditions indicating aberrations of reason. As my friend truly said, if something be not done, and that quickly, the lunatic asylum is yawning for him.

In the midst of all this, such is the alarm felt by himself and his immediate friends who know what has been going on, that they cannot be induced to apply for direct and respectable professional assistance. They applied instead to this clergyman to see what he could do—under the most mistaken notion that moral and religious suasion are all that such a case requires—but he, having a more enlightened view of the matter, brought the circumstances under the eye of a member of that profession whose more immediate business it is to be consulted about, and to take charge of such cases; and the members of which, while they neglect not either moral or religious suasion, yet combine these with those PHYSICAL, local and general remedies which seem to them most

likely to assist in restoring the healthy action of the parts.

To this hour, I am quite ignorant of the name or position of the patient.

I have met with two cases in students preparing for the church,—the general consequences were, as usual, a very distressing amount of nervousness, weakness, and timidity,—a gloomy brooding over their situation, and an excessive fear of being left alone. Where circumstances admit of it, they should not be left alone, but encouraged to go out into company, to visit public places of amusement, etc. A student who has given way to this vice is placed in a most unhappy predicament; for, without retirement, how is he to prosecute those studies to which he has devoted himself? and during this retirement it is that his unhappy temptation most frequently assails him.

I am aware of one case in a Quaker gentleman, by no means young, and in whom it had gone to such excess that it came on him like a madness—in paroxysms—lasting for several days, till he became completely exhausted. At length, in addition to other means, it became necessary to literally fix him to his bed, firmly securing his hands, at his own request.

Here is an instance, if any proof were needed, that no consciousness of its impropriety is enough to restrain the victims of this vice. This man was over fifty years of age, a time of life when the vices, as well the follies, of youth should have disappeared. None knew better than he, theoretically, the impropriety he was committing, both

moral and physical, yet was he swept along like the straw in the stream, by the seemingly overwhelming power of this evil habit.

In my notes, there are three other cases, bearing nothing very peculiar in their symptoms. One was a mercantile clerk, light-made, genteel, and well educated—very much resembling the first case narrated—in him also the nervousness, etc., induced, was most excessive. The other two persons were working weavers, presenting the same symptoms, with the addition of a disposition to cry on telling me their story. In these two cases, both parties attempted so far to deceive me about their symptoms, bringing forward the nocturnal emissions as that which most alarmed them, and beseeching me for relief. Most unwilling were they to admit the existence of the other practice, which lay at the bottom of all this irritability of these parts—thus throwing forward a mere symptom—one of the effects—casting the cause into the shade, and deceiving the medical man, if he be not, in some measure, familiar with such cases. A difficulty was also felt in getting them to persevere in any thing proposed for their relief. So great had their nervousness and timidity become, that even after detailing their symptoms, they seemed very averse to call upon me, and were seemingly as much alarmed at coming to my house as if every one they met, including the very servant who opened the door, could read in their faces the cause of their secret fears. Those acquainted with this subject will recognise the above description.

Some few years ago, I was waited upon by a tall, military-looking personage—a stranger, about middle age—who, after seeing that the doors were shut, and no one within hearing, began, with every mark of caution and alarm, to detail me his ease. I found it the same humiliating tale, with the addition that he had been occasionally attempting the natural connexion of the sexes. From his description he was practically impotent. Lived in a large country house by himself, and, besides the servants, could see no one, etc., etc.

Such was the condition to which this gentleman had been reduced, that after receiving from me such advice as the nature and peculiarities of his ease seemed to require, before leaving, he turned to me, and formally said he hoped I did not know him! I assured him I did not, but that it made little matter in the hands of honourable men whether he were known or not. He then requested, if ever I saw him again at any time or place, not to indicate by look, word, or motion, that I had ever seen him before, adding, that he would probably write to me, but would not *then* mention by what name. I suspected he would not have courage, and was right, having neither seen nor heard aught of his existence up till this hour.

Among the evil consequences that result from this vice, it should not be omitted that there is one form of insanity well known to the profession—*amentia*. That idiotism is the result is not quite so well known, however, to those not of the profession, and to those, the young in particular, most likely to become its victims. I know of one

asylum in which there is, or used to be, a ward filled with these patients, and no restraint was found to be so effectual as setting one victim of the vice to watch another.

Another evil consequence, but one, I believe, not quite so well known to the general profession, is blindness. I have at this moment three cases in view. One was in the person of a man at middle life, but who had been long addicted to this vice. Another was in a very young man, engaged in business as a merchant. A third is at this moment actually under treatment, age about 26; came on gradually; been blind now nearly seven years; pupils quite natural, *and obey the stimulus of light*; eyes dark brown. Is not altogether blind; can see just enough to enable him to distinguish large objects, so as to avoid running against them, but cannot distinguish one face from another. Has been compelled to resign one situation after another from inability to make out writing. Is at present employed to stand at a shop counter, in a low neighbourhood, where there is a great thoroughfare, to frighten thieves! Although he could not tell one thief from another, yet his general appearance and natural eye, make them believe him to be on the watch, and he acts the part of a sufficiently successful scare-thief. This young man has been well educated, and was nearly fit for a profession when this calamity befel him.

‘To what base uses may we come at last!’

Searpa says these cases of amaurosis ‘which have been preceded by a violent protracted excitement of the nervous

system, and then by general debility and langour of the constitution—as *after masturbation*—premature venery, etc., are generally set down as incurable.’

This young gentleman has been endeavouring, for several years, to get relief, and has been a tolerable round of regular and irregular practitioners without being bettered—happy for him that he has not been made worse. Strange to say, none of the many gentlemen who have previously treated him, ever suspected, or asked a question regarding, the seemingly real cause of the disease. His appearance, and other indications not easily put down on paper, made me suspect what might be the most likely cause (in the absence of all other ascertainable causes), and upon putting the question to him, though he hesitated at first, yet he seemed struck, and on a subsequent visit, gave me to understand, that *he was willing to do any thing that I wished, assuming the cause that I had suggested*, and expressed his surprise that such an effect of this vice had never been hinted to him before. He excused himself from volunteering the information, from ignorance that these habits were either likely to produce such consequences, or that their communication could have been of any importance whatever.

Here, then, is a case wherein the cause seems not only for years to have been overlooked, but wherein the same cause has very probably been kept up during the course of the treatment—removing the very slender chance of whatever success might have followed the means employed for recovery—a very great misfortune indeed.

Here it was intended to have finished; but, on the afternoon of the same day on which the above was written, there occurred the following case:—

Mr —— is of opinion he is suffering from secondary symptoms,—five years ago had primary sores, for which he was treated at the time with mercury. They healed in the course of five weeks. Three months after that he had an eruption on the skin, which was said to be venereal, and for which he was again treated, concluding with hydriod. potassæ and sarsaparilla in great quantity. From his own account, which was lengthy, diffuse, and somewhat difficult to understand, he had disease in the roof of his mouth, throat, skin, and nose. For these symptoms he has been successively treated by some of the first physicians and surgeons in this country. They have all assured him, at different times, that he was free of disease, but he as constantly disbelieved them, and imagined disease still existed in various parts, and, in particular, instanced his palate and nose. His palate, he told me, was quite gone. I took the liberty to tell him, before examining it, that I did not believe anything of the sort, as he spoke not in the least resembling a man who had lost his palate; and, on carefully inspecting, found that no disease existed in any part of the interior of his mouth or fauces. His friends, who were present, intimated that he was like a person who had lost his senses; that he had done nothing for the last five years but brood and think over his imaginary diseases. To this the patient assented, with exception of the word ‘imaginary,’ adding,

that he had been in the hands of one practitioner or another at intervals all that while. Latterly, in desperation that he would never get well, he had been swallowing medicines for a whole year under the charge of a country quack, resident in a neighbouring county, and had not scrupled to travel by rail the best part of one hundred miles every time he went to consult (!) this man, who occupied the exalted position of Village Barber ! After all his expense, trouble, toil, and drug-taking at the hands of this personage, he still found himself where he was, no better ; and could not settle his mind to his occupation. Had some thoughts of giving up business altogether, as his head was affected, and he now and then got perplexed in figures. Had confusion, nervousness, anxiety, and alarm,—and a fear that every one he met was looking at him, and knew his complaint. Before the description went thus far, I had my suspicions of what had been going on, as his symptoms were not at all those produced by lues, and in answer to my demand he frankly told me he was impotent. Admitted he had been much addicted to the secret vice which forms the subject of this paper, but was now less so, as he felt less inclination, etc. The ease now became, in my estimation, very simple ; and, though it cost me much trouble to convince the patient of the real state of matters, I at length succeeded, and had the satisfaction of demonstrating to himself and friends that he had *now* no disease deserving the name venereal ; that he had deranged health probably from swallowing so many things in his anxiety to be well—

fitted or unfitted for him, as they might happen to be, coming from the hands of an unqualified person—that his deranged nervous system, confusion of head, and alarm, were the ordinary results of the practices he had been following, etc., etc.

I have the highest expectation, if this gentleman can be got to persevere, that this will be a most successful case; and, in addition to theoretical reasoning, prove by its results the correctness of the diagnosis.

It is necessary to add, that this vice is not confined to the one sex. For obvious reasons no details are given, except having a reference to the male. Its evil consequences, however, are equally disastrous in either sex, although, in the female, these consequences may assume another form,—there are at least as powerful reasons for avoiding it in the one as in the other.

A great error is the haste with which many jump to the conclusion, that this is more a crime than a disease—less a subject for the physician than the moralist. It is, nevertheless, most essentially a disease, entailing consequences of the most distressing PHYSICAL description, and truly bringing it within the province of the medical man. That it is a crime is not to be denied, and, like many other of our vices, seems to ensure its own punishment. If purely moral means, that is, impressing upon the minds of these individuals the impropriety and criminality of the practice, were enough, how does it happen that it is so often found in parties whose knowledge of the laws of morality, whose general external propriety of con-

duct, and whose practice of these laws in other respects, must be presumed to be at least equal to, if not beyond that of most persons? In addition to physical, moral means are undoubtedly most essential. Thus, if the vice be continued, is it to be expected that any attempt to remedy its consequences will succeed? The practitioner, therefore, who hopes to be successful in his treatment, is under the necessity of not neglecting the moral means. He is also much more likely to be effectually listened to than any other monitor; for, say a clergyman were to lecture such a patient upon the gross impropriety, and even sinfulness of his conduct, he would be listened to respectfully, many promises made,—and broken. The medical man, however, fully acquainted with this subject, comes armed with an argument of a different sort. In addition to what the clergyman can say, the physician can point out the evil consequences, bodily as well as mental, that follow even in this life a perseverance in these habits; and, on the other hand, as the reward of discontinuing practices unnatural as unmanly, and, in other respects, abiding by his directions, hold out to the patient the temptation of ultimate restoration to health, strength, comfort, and sexual capacity.

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